

Approval Notification Date _

Change of Use

Project Address:				
Applicant is: Property Owner	☐ Contractor ☐	☐ Architect ☐ Engineer	☐ Other	
Applicant		E-mail		
Address			Phone #	
			Phone #	
*May we email your building peri				
Valuation:				
Fire Alarm System Provided:	Alarm System Provided: Yes □ No □ Fire Alarm System Monitored: Yes □ No □			
Fire Extinguishing System	Yes □ No □	if yes: □ Dry □ Wet	☐ Other	
Building Signs: Yes ☐ No ☐ Ya	rd Sign: Yes 🗆 No l	☐ Fence: Yes ☐ No ☐	☐ (Separate fence & sign permits are required)	
Parking: Total # of stalls	Wat	ter Meter Size as determin	ned by Ankeny Water Administrator:	
Setbacks (actual): Front	Left Side	Right Side	Rear	
Is this property in a flood plain?	□ No □ Yes N	Minimum Elevation		
Ankeny Plan & Zoning Site Plan Approval Date: (if applicable)				
Plumbing Contractor				
(for office use only):				
Legal Description:			Zoning:	
Easements				
undersigned warrants that he/she has review Municipal Code of the City and all applicab liability, from any claim or cause of action was comply with the terms and provision there true and correct. All provisions of laws and plans as submitted and approved by the Ar	ewed and is familiar with le zoning standards and w which any person may ha of. I hereby certify that I d ordinances governing the chitectural Review Board	n the provisions of the building ar will defend, indemnify, protect a ave or claim to have by reason of I have read and examined this ap his type of work will be complied d and City Staff and will provide r	ing. This permit expires 12 months from the date of issuance. The nd fire codes; as set for the under Chapters 175 and 180 of the ind save harmless the City and its employees from any and all f any actual or alleged failure on the part of the undersigned to oplication and its attachments and know the same to be complete, I with whether specified herein or not. I agree to adhere to the notification of any change prior to construction. The granting of a ocal law regulating construction or the performance of	
Signature of Applicant			Date	
Printed Name:				
PLEASE ALLOW A MINIMUM OF 10 WORKING DAYS FOR PERMIT APPLICATION REVIEW				
			Office Use Only	
Date received		Permit Fee S		

Valuation \$ _